



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
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**CURRENT CORRESPONDENCE ADDRESS** (note the block 3 for any change of address)

140 1590 12/12/2008

LADAS & PARRY LLP  
 26 WEST 61ST STREET  
 NEW YORK, NY 10023

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**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

INVENTION	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/330,245	01/12/2006	Valery Vasilevich Ovchinnikov	U 01306449	

**TITLE OF INVENTION:** METHOD FOR FORMING AND TRANSMITTING SIGNALS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/12/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
YACOB, SISAY		2612	340-539:00			

1. Correspondence address or indication of "Fee Address" (37 CFR 1.33) (a) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (b) "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 (or later versions) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the name of a single inventor or (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. LADAS AND PARRY LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

4a. Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government  
 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  
 A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed or printed name \_\_\_\_\_ Registration No. \_\_\_\_\_

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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(Mr. Senator's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/530,245	01/12/2008	Valery Vasilevich Uvchinnikov	UD15669-9	2657

## TITLE OF INVENTION: METHOD FOR FORMING AND TRANSMITTING SIGNALS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755*	\$300	\$0	\$1055	03/12/2009
EXAMINER	ART UNIT	CLASS SUBCLASS				
YACOB, SISAY	2612	340-539100				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. LADAS AND PARRY LLP  
2. \_\_\_\_\_  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

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 Advance Order - # of Copies \_\_\_\_\_

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A check is enclosed.  
 Payment by credit card. Form PTO-203B is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

**NOTE:** The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature: *for -*Typed or printed name: *Tamara Skomorokhova*Date *March 5, 2009*Registration No. *0666, Russian Patent Attorney*

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Лист 1

### ЗАЯВЛЕНИЕ НА ПЕРЕВОД МТ103

от "5" марта 2009 г.

Сообщение № 1	к Приказу № 18 августа 2004 г., № 444
№	1
Получатель	SKOMOROKHOVA T.S.
Адрес	2-67-66, UL. NOVOZAVODSKAYA
Город	MOSCOW 121087
Страна	RUSSIAN FEDERATION
23 Код институции	
32 Платить	Валюта <u>USD</u> Сумма цифрами <u>1055.00</u>
Сумма прописью <u>One thousand and fifty five dollars and zero cents only</u>	
56 Банк-корреспондент банка Получателя	
S.W.I.F.T.	
Адрес	
Город	
Страна	
57 Банк Получателя JPMorgan Chase Bank N.A.	
S.W.I.F.T. (BIC)	CHASUS33
национальный код	
Счет в корреспонденте	
Адрес	1166 Avenue of the Americas, 21st Fl.
Город	New York, NY 10036-2708
Страна	USA
59 Получатель	Счет 753787423 ABA No. 021000023
Наименование	Lehman Brothers
Адрес	26 West 61 Street
Город	New York, NY 10023-7604
Страна	USA
70 Детали платежа	U.S. Patent Appn. 10/530,245; Confirmation No. 2657 Vladimir Vasilievich Ovchinnikov Y/R.: U015669-9 : PU; O/R.: 18936 - US
71 Расходы по переводу	<input checked="" type="checkbox"/> За мой счет <input type="checkbox"/> За мой счет кроме комиссий других банков <input type="checkbox"/> За счет Получателя
Дополнительная информация:	
платить с моего счета № 40817840007000000188	
другая информация	
 Подпись клиента	

## Для заполнения Банком

ЗУ Дата выдача заявления

Отметки Банка

УНК: ВТБ 24 (ЗАО)  
 Документ, удостоверяющий личность  
 ДЛП № 044525716  
 Платить со своего счета №

05 МАР 2009

ДО "Новый Арбат"

Мареева Е.Ю.